



MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF POSTSECONDARY CAREER AND TECHNICAL EDUCATION
DFAP/FEE WAIVER APPLICATION

Term: _____ Date: _____ Student I.D. Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Section Number	Course Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount \$ _____

I certify that all of the above information is true, and I understand my application will not be considered until I have supplied the documentation that is required by law.

Student Signature

FOR OFFICE USE ONLY

Eligibility for the District Financial Aid Program (DFAP) is determined by the Free Application for Federal Student Aid (FAFSA) with an Student Aid Index (SAI) of <9984.

Fee Waiver - **A DFAP eligible student is automatically eligible for a Fee Waiver.** Any of the following documents can be used to determined fee waiver eligibility.

1. A signed tax return*
2. W-2 forms*
3. Notarized statement of income from the student
4. Supplemental Nutrition Assistance Program (SNAP) food stamp authorization.
5. Evidence of Unemployment compensation
6. Consistent attendance and Satisfactory Academic Progress (SAP) in any program of study for one full trimester as determined by school administration
7. An existing M-DCPS employee enrolling in an approved District sponsored program (Fee Waivers Only) that meet District requirements.**

*All social security numbers must be redacted prior to retaining a copy. Original documents must be returned to the student.

**Approved District sponsored programs include Adult English for Speakers of Other Languages (ESOL) and Environmental Services.

Administrator/Counselor Signature

Date

This application for DFAP/FEE Waiver is

Disapproved Reason _____ Approved Amount \$ _____

Principal or Designee Signature

Date